


**ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT**

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 606-5300 or by e-mail at CobleC@leoncountyfl.gov Applications will be discarded if no appointment is made after two years.</p>				
Name: Sabrina M. Allen			Date: 4/20/11	
Home Phone: (850)443-3577		Work Phone: (850)875-7249	Email: smallen17@comcast.net	
Occupation: Teacher		Employer: Gadsden County Schools		
Please check box for preferred mailing address.				
<input checked="" type="checkbox"/> Work Address: 655 South Steward Street City/State/Zip: Quincy, FL 32351				
<input type="checkbox"/> Home Address: 9513 Shumard Drive City/State/Zip: Tallahassee, FL 32305				
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
For how many years have you lived in and/or owned property in Leon County? 25 years				
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference				
1st Choice: <u>Commission on Council for Women and Girls</u> 2nd Choice: <u>Council on Culture and Arts</u>				
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:				
Culture and Arts <input checked="" type="checkbox"/> Environmental/ Growth Management ___ Health Care ___ Human Relations ___ Human Services <input checked="" type="checkbox"/> Housing ___ Library Services ___ Other Areas <u>Commission on the Status of Women and Girls</u>				
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, on what Committee(s) have you served? _____				
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more				
<input type="checkbox"/> And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more				
What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night				
<p>(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.</p> <p>Race: <input checked="" type="checkbox"/> Caucasian <input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No District _____</p> <p>Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606-5300 or e-mail at CobleC@leoncountyfl.gov</p>				

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I am a teacher in Gadsden County. My certifications are English 6-12, and Varying Exceptionalities K-12. Most of my teaching experience has been with At-Risk-Youth. I am a writer and public speaker. I love to sing, act and work with middle and high school students. I have held my Florida Teacher Certificate since 1998.

I am detail oriented and a good business manager.

References (you must provide at least one personal reference who is not a family member):

Name: Dr. Bertha Murray Telephone: 850-562-2157

Address: 4472 Cool Emerald Drive, Tallahassee, FL 32303

Name: Mrs. Mary C. Brock Telephone: 850-566-4848

Address: 28 Quail Court, Havana, FL 32333

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE FOLLOWING QUESTIONS, YOU MUST COMPLETE THE ORIENTATION PUBLICATION www.leoncountyfl.gov/bcc/committees/training.asp BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? 9 Yes 9 No

Are you willing to complete a financial disclosure form and/or a background check, if applicable? 9 Yes 9 No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? 9 Yes 9 No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? 9 Yes 9 No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? 9 Yes 9 No If yes, please explain _____

Do you or your employer, or your spouse or child or their employers, do business with Leon County? 9 Yes 9 No If yes, please explain _____

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? 9 Yes 9 No If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: Sabrina M. Allen

Please return Application

by mail: Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

by email: coblec@leoncountyfl.gov